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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CAROL J. LAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

BALLOT QUESTION COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper.

3. This Statement covers From: 10 9 2007 To 12 31 2007
Mo Day Year Mo Day Year

1. Committee I.D. Number

138005

2. Committee Name

Yes For Lakeview Kids

4. Committee's Mailing Address

20307 Erben St.
St. Clair Shores MI 48081

Area Code and Phone (586) 615-4593
If the address in this box is different from the committee mailing address on the Statement
of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Roberta Parzynski
20307 Erben St.
St. Clair Shores MI 48081
Area Code and Phone (586) 615-4593

6. Treasurer's Business Address

20307 Erben St.
St. Clair Shores MI 48081
Area Code and Phone (586) 615-4593

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Tracy Hugghe
21019 Alexander
Sts MI 48081
Area Code and Phone (586) 899-2033

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☐ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY☐ GENERAL☒ SCHOOL☐ SPECIAL

Date of Election:

11 8 2007
Month Day Year

8c. ☒ ANNUAL STATEMENT

(Leave Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION STATEMENT
(Required of State-wide Ballot Question
Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)8f. ☒ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the
committee has no assets or outstanding debts,
including late filing fees. Note: The disposition
of residual funds must be reported on Schedule
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable
Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or
before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of
my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Roberta A Parzynski

Type or Print Name

Signature

Date

2-25-08

Month Day

Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 138005
2. Committee Name Yes For Lakeview Kids

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Itemized Contributions (Schedule 4A, Column 6)	(3.) \$ <u>1500.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>1500.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. Itemized In-Kind Contributions	(6.) \$ <u>1500.00</u>	(21.) \$ _____
EXPENDITURES		
7. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(7a.) \$ <u>1276.69</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(7b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(7c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(7d.) \$ _____	
8. Subtotal of Expenditures	(8.) \$ <u>1276.69</u>	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8 + Line 9)	(10.) \$ <u>1276.69</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>- 0 -</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>1500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1500.00</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>1276.69</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>223.41</u>	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138005
2. Committee Name YES FOR LAKEVIEW KIDS

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: <u>Wright & Hunter</u> Address: <u>2126 Kristen Dr.</u> <u>Troy MI 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/16/07</u> 100. ⁰⁰	
3. Contribution #2 Name: <u>4D Pharmacy Management Systems INC</u> Address: <u>2520 Industrial Row Dr</u> <u>Troy MI 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/16/07</u> 50. ⁰⁰	
3. Contribution #3 Name: <u>Roumell, Lange & Cholack PLC</u> Address: <u>314 Town Center</u> <u>Troy MI 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/18/07</u> 250. ⁰⁰	
3. Contribution #4 Name: <u>Professional Benefits Services INC</u> Address: <u>2959 Lucerne SE SUITE 205</u> <u>GRAND RAPIDS MI 49546</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	4. Date of Receipt <u>10/23/07</u> 100. ⁰⁰	
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138005
2. Committee Name Yes For LAKEVIEW Kids

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. Date of Receipt <u>10/23/07</u> Name: <u>William Walter Heating & Cooling</u> Address: <u>PO Box 391</u> <u>FLINT MI 48501</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$200. ⁰⁰	
3. Contribution #2 4. Date of Receipt <u>10/21/07</u> Name: <u>THE PFM GROUP</u> Address: <u>305 E. Eisenhower Parkway Ste. 305</u> <u>Ann Arbor MI 48108</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100. ⁰⁰	
3. Contribution #3 4. Date of Receipt <u>10/23/07</u> Name: <u>Enviro-Clean</u> Address: <u>2457 112th Ave</u> <u>Holland MI 49424</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200. ⁰⁰	
3. Contribution #4 4. Date of Receipt <u>10/21/07</u> Name: <u>Local 1 PAC / Michigan Education Assoc.</u> Address: <u>38550 Garfield Rd Suite B</u> <u>Clinton Twp MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500. ⁰⁰	

Page Subtotal)
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 138005
2. Committee Name YES FOR LAKEVIEW KIDS

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>Tracy Huyghe</u> Address: <u>21019 Alexander</u> <u>SCS MI 48081</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Ribbons & Stamps</u> 5. Ballot Proposal: <u>LAKEVIEW Bond</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>12/9/07</u>	<u>135.04</u>	
Expenditure # 2 Name: <u>Paula Zerillo</u> Address: <u>27816 Manhattan</u> <u>SCS MI 48061</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Ribbons & Fillers</u> 5. Ballot Proposal: <u>LAKEVIEW BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>12/9/07</u>	<u>52.82</u>	
Expenditure # 3 Name: <u>C&B Newspaper</u> Address: <u>13650 E 11 Mile Rd</u> <u>Warren MI 48089</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Advertising</u> 5. Ballot Proposal: <u>LAKEVIEW BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>12/9/07</u>	<u>562.00</u>	
Expenditure # 4 Name: <u>City of St. Clair Shores</u> Address: <u>27600 Jefferson</u> <u>St. Clair Shores MI 48081</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Absentee Voter Infor.</u> 5. Ballot Proposal: <u>LAKEVIEW BOND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>10/10/07</u>	<u>61.70</u>	

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

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on Line 8a of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number 138005
2. Committee Name YES FOR LAKEVIEW KIDS

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: <u>J's Silkscreens</u> Address: <u>18132 E. 10 Mile Rd</u> <u>Eastpointe MI 48021</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>J-Shirts</u> 5. Ballot Proposal: <u>LAKEVIEW BAND</u> County: <u>MACOMB</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	<u>11/28/07</u>	<u>465.13</u>	
Expenditure # 2 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 3 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name: Address: <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

1276.69

Enter this total
on Line 8a of
the Summary
Page

Page ____ of ____